

INITIAL RELATIVE SAFETY SCREEN

Michigan Department of Human Services

Relative Caregiver(s) Name		Relative Caregiver(s) Date of Birth
Relative Caregiver(s) Address		Relative Caregiver(s) Phone:
List all members of the household Name(s) DOB:		
Name of Child(ren) Placed in Relative Caregiver(s) Home:		Case Number(s)
		SWSS Load #
Worker Name	DHS County or Private Child Placing Agency	

Central Registry Check

Date of Central Registry Check: _____

- ☐ No adult in the home is listed as a perpetrator on central registry.
- ☐ The following adult(s) in the home is listed as the perpetrator on central registry **and placement cannot be made.**

State Criminal History Check*

Date of criminal clearance: _____

- ☐ No member of the household has a felony conviction for one of the following crimes:
- | | |
|--|---|
| 1. Child abuse/neglect
2. Spousal abuse
3. Crime against children (including pornography). | 4. A crime involving violence, including rape, sexual assault or homicide but not including other physical assault or battery.
5. A physical assault or battery within the last five years.
6. A drug related offense within the last five years. |
|--|---|

- ☐ The following member(s) of the household has a felony conviction for one of the offenses listed above and **placement is prohibited.**

Name	Offense	Date of Conviction
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- ☐ An adjudicated sex offender resides in the home and **placement is prohibited.**
- ☐ The relative caregiver(s) or other member of the household has a conviction that does not prohibit placement but requires further assessment.

Name	Offense	Date of Conviction
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Multiple CPS Investigations:

Date of SWSS CPS clearance: _____

- ☐ No member(s) of the household has multiple CPS investigations wherein he/she is indicated as an alleged perpetrator in the home.
- ☐ The following adult(s) in the household has multiple CPS investigations and is indicated as the alleged perpetrator.

Names: _____ DOB: _____

NOTE: Child safety must be assessed during contact with the relative considering this CPS information.

Safety of Placement

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are there sufficient number of bedrooms & beds for all children needing placement including children residing in the home? Number of bedrooms _____ beds _____ children _____ . |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | The relative has a legal source of income to meet the family's needs. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) has age appropriate supervision at all times even when the relative is absent from the home. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | The relative agrees to follow the behavior management plan developed for each child by the agency (which includes refraining from the use of physical discipline). |

If No is checked in any of the above boxes, placement is prohibited.

- | | | | |
|-----|--------------------------|--------------------------|--|
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are all entrances/exits to and from the home unobstructed? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Is the home able to meet the child's health care needs? (e.g., Child has allergies to smoke and the household is smoke free, etc.) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is the home free from observable health/sanitation risks? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Is the home free from observable safety hazards (e.g., Broken windows, exposed wires, etc.)? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | If applicable, are all weapons and ammunition locked up in a separate room and inaccessible to children? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are all cleaning supplies, medicines, and/or any other dangerous chemicals inaccessible? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is there an accessible working phone in the home? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Are basic utilities (water, electricity, heating) in operating condition? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Is the caregiver able to manage his/her own daily living activities, such as, preparing meals, housekeeping, shopping for groceries, bathing, etc.? Verify by asking if the caregiver receives home health services. (Home health services requires an individual to assist the caregiver with daily living activities.) |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Other placement concerns are identified, specify (e.g. substance abuse history, history of victimization, mental health concerns, etc.). |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | The benefits of licensure have been discussed with the relative and the relative agrees to pursue licensure. A referral will be made to a certification worker within 5 days. |

If No is checked in boxes 5-13, provide an explanation of the safety concern. Indicate if the relative is able and/or willing to resolve the safety concern within a reasonable period of time. If so, list the action to be taken and the anticipated date of completion. Placement cannot be made until the safety concern is resolved.

If Yes is checked in box 14, note placement decision & specify rationale for final recommendation.

If No is checked in box 15, provide explanation. In addition, explain the reason placement continues to be in the child's best interest and outcomes of the home and safety assessments.

Signature of Caseworker	Date	Signature of Supervisor	Date
Signature of DHS Purchase of Service Monitor (if applicable)			Date

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